

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A F	or the	2010 calend	ar year, or tax year beginning 07-01	l , 2010, and end	dina	06-30	, 20 11
		applicable	C Name of organization COMACT HOUSING CORPORATION	- , zoro, and en	'9	_	
	Address		Doing Business As			- 1	loyer identification no 0611095
	lame ch	•		-	Danas la unta		
$\overline{}$	nitial retu	-	Number and street (or P O box if mail is not delivered to street address) 800 BELFORD AVENUE	['	Room/suite		ohone number 0)241-1040
一	erminate			<u>-</u>	•	100	201,909
一			City or town, state or country, and ZIP + 4 GRAND JUNCTION, CO 81501				•
一	mended					G Gros	s receipts \$
_ ^	фрисанс	on pending	F Name and address of principal officer		H(a) Is this a g	roup return for	□.,
	av ovon	not status	501(c)(3) X 501(c) (4) √ (insert no) 4947(a)(1) or 352		7		Yes X No
	Vebsite		501(c)(3) [X] 501(c) (4) (insert no) 1 4947(a)(1) or (52		H(b) Are all aff	iliates included? tach a list (see i	nstructions)
			Corporation Trust Association Other	Year of formation 19	H(c) Group ex		
Par	-			Year of formation 19	/ I M Stat	e of legal domici	e CO
Fai	1	Summar Briefly descr		ING FOR LOW-I	NCOME FAM	TLIES	
	'	Direny descr	ne organization's mission of most significant activities	ING FOR LOW-1	NCOME FAM	10103	
A C G							
t o	ļ						
e اِحْرَا	2	Check this h	ox I if the organization discontinued its operations or disposed of	of more than 25% (of its not asset	e	····-
	3		oting members of the governing body (Part VI, line 1a)] ₃]	7
i a e∛n	4		dependent voting members of the governing body (Part VI, line 1b)			4	
e~n e~n	5		of individuals employed in calendar year 2010 (Part V, line 2a)		. .	5	<u>,</u>
r⊏ ^e	6		of volunteers (estimate if necessary) • • • • • • • • • • • • • • •			6	3
MAR	7a		ed business revenue from Part VIII, column (C), line 12 • • • • •			7a	
	1		business taxable income from Form 990-T, line 34 • • • • • • •			7b	
200	1				Pnor Year	1,0	Current Year
	8	Contribution	and grants (Part VIII, line 1h)		rioi real		O O
	9		rice revenue (Part VIII, line 2g) • • • • • • • • • • • • • • • • • • •		69	,543	58,606
	10	-	come (Part VIII, column (A), lines 3, 4, and 7d) • • • • • • • •			1,526	(28,461)
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • • • • •		<u> </u>	70-0	(=0,10=)
е	12		e - add lines 8 through 11 (must equal Part V(I, column, A), line 12		7.1	1,069	30,145
	13		imilar amounts paid (Part IX, column (A), lines 1-3)			,,,,,,	0
	14		to or for members (Part IX, column (A), line 12	- Jol-			0
E	15		er compensation, employee benefits (Part IX column (A); thnes 5-1.	100		3,600	6,000
p e	16a		fundraising fees (Part IX, column (A), line 11e)	1912			0
n			sing expenses (Part IX, column (D), line 25)	94:			
s e	17		ses (Part IX, column (A), lines 11a-11d, 11f-24f)		11	,691	8,522
s	18	•	es Add lines 13-17 (must equal Part IX, column (A), line 25) • • •			,291	14,522
	19	Revenue les	s expenses Subtract line 18 from line 12 • • • • • • • • • • •		55	5,778	15,623
Net				Be	eginning of Current	Year	End of Year
Assets	20	Total assets	(Part X, line 16)		1,703	-	1,718,835
Fund	21	Total liabilitie	s (Part X, line 26)			2,800	2,800
Bal- ances	22	Net assets of	fund balances Subtract line 21 from line 20 • • • • • • • • •		1,700	,412	1,716,035
Pai	rt II	Signatu	e Block				
		s of perjury, I dec	are that I have examined this return, including accompanying schedules and statements,				
ano be	mer, it is	true, correct, and	complete Declaration of preparer (other than officer) is based of all information of which	n preparer has any know	wedge		
		SAMU	IL J BALDWIN	<u>. </u>	<u>ر مر ۲</u>	41	4/12
Sign	า	· •	e of officer			Date	- (
Here	e	SAMU	L J BALDWIN, VICE PRESIDENT				
		Type or	arint name and title				
		Print/Type pre	Darer's Harrie	Date	Check	if PTIN	
Paid	t	Samuel	J Baldwin, CPA	02-15-2012	self-emplo	yed	
Pre	parer	Firm's name	Baldwin & Associates CPAs LLC		Fırm's EIN		<u>. </u>
-	Only			ļ.	Phone no 9	70-241-1	040
			Grand Junction CO 81501				
May	the IR	S discuss this	return with the preparer shown about (see instructions)		• • • • • • •		X Yes No

Form	990 (2010) COMACT HOUSING CORPORATION	84-0611095	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	HOUSING FOR LOW-INCOME FAMILIES		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services? ••••••••••••	· · · · Yes X	No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant	s and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$12,731 including grants of \$) (Revenue	\$ 30,1	
	PROVIDED LOW-INCOME FAMILIES WITH ALTERNATIVE FINANCING TOWARD THE PURCHASE OF	F SINGLE FAMILY	Y
	HOMES.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O)		_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 12,731		

Form 990 (2010) COMACT HOUSING CORPORATION

84-0611095

Form	990 (2010) COMACT HOUSING CORPORATION	84-06110	95	_ F	age 3
Pai	rt IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
_	complete Schedule A • • • • • • • • • • • • • • • • • •		1_	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	• • • • •	2	L	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		_		
	candidates for public office? If "Yes," complete Schedule C, Part I	• • • • •	_3	 	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			[
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II • • • • • • • • • • • • • • • • • •		4	 	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessme or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III • • • • • • • •		_		,,
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		5		X
O	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				ļ
	complete Schedule D, Part I • • • • • • • • • • • • • • • • • •		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II • • • • • • • • • • •		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
•	complete Schedule D, Part III • • • • • • • • • • • • • • • • •		8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				}
	complete Schedule D, Part IV • • • • • • • • • • • • • • • • • •	• • • • •	9	}	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		<u> </u>		
	quasi-endowments? If "Yes," complete Schedule D, Part V		10	}	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete				
	Schedule D, Part VI • • • • • • • • • • • • • • • • • •		11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • • • • • • • • • • • • • • • • • •	• • • • • •	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	• • • • •	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX • • • • • • • • • • • • • • • • • •	• • • • •	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X •	• • • • • •	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f	}	X
12a					
	Schedule D, Parts XI, XII, and XIII • • • • • • • • • • • • • • • • •		12a		X
b		d if			ļ
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional • • • • • •		12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV • •	• • • • •	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV • • • • • •	• • • • •	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		40		.,
4-7	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV • • • • • • • • • • • • • • • • • •	,	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	! 	17		v
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) • • • • • • • • • • • • • • • • • • •	· • • •	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II • • • • • • • • • • • • • • • • • •		18		v
10		• •	10	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •		19		v
20-	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	• • • • • •	20a		X
20a	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some	· · · · · · · · · · · · · · · · · · ·	200		
b	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) • • • •		20b		1
	- Form 555 more that operate one or more hospitals must attach addited infallolal statements (556 instructions)		,		1

Pa	rt IV Checklist of Required Schedules (continued)			<u> </u>
<u></u>	Tell Concomist of Frequency Concounts		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		163	140
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II • • • • • • • • • • • • • • • • • •	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			Λ
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III • • • • • • • • • • • • • • • • •	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J ••••••••••••••••••••	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ••••••••••	24a 24b		X
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? • • • • • • • • • • • • • • • • • • •			
4		24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? • • • • • • • • • • • • • • • • • • •	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			.,
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
••	990-EZ? If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III • • • • • • • • • • • • • • • • •	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV • • • • • • • • • • • • • • • • • •	28a		_X_
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M • • • • • • • • • • • • • • • • • •	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I • • • • • • • • • • • • • • • • • •	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u> X</u>
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 • • • • • • • • • • • • • • • • • •	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

	Check if Schedule O contains a response to any question in this Part V	• • •	• • •	•
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable •••••••• 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	l		
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c		<u> X</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • • 2a 0	1		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	_X	
_	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	İ		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O • • • • • • • • • • • • • • • • • •	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • • • • • • • • • • • • •		İ	
	·	4a		<u> X</u>
þ	If "Yes," enter the name of the foreign country		- 1	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_	l	••
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		<u> X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		X
C	· · · · · · · · · · · · · · · · · · ·	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	-		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
J	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ		
-	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b	l	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? • • • • • • • •	7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • •	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			_
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		Ì	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	-	1	
а	Initiation fees and capital contributions included on Part VIII, line 12 • • • • • • • • • • • • • • • • • •		ļ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •		{	
11	Section 501(c)(12) organizations. Enter		ĺ	
a	Gross income from members or shareholders • • • • • • • • • • • • • • • • • • •		1	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	ļ	Ì	
	amounts due or received from them) • • • • • • • • • • • • • • • • • • •	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • • • • • • • • • • • • • • • • •	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • • • • • • • • • • • •		ł	
13	Section 501(c)(29) qualified nonprofit health insurance issuers	122		
а	Is the organization licensed to issue qualified health plans in more than one state? • • • • • • • • • • • • • • • • • • •	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		}	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	the organization is licensed to issue qualified health plans ••••••••••••••••••••••••••••••••••••			
C 1/12	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ••••••••••	14b	\longrightarrow	-41
	in 166, has a noted at offin 120 to report these payments in 140, provide an explanation in concedit of	· · -		

0	COMMET HOUSING CONFORMION 84-00110	73	H	age t
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in			
	Schedule O See instructions			_
	Check if Schedule O contains a response to any question in this Part VI	<u>· · · ·</u>	• • •	•[X
<u> </u>	tion A. Governing Body and Management			
12	Enter the number of voting members of the governing hady at the and of the towns.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ••••••• 1a 7	.		
b	Enter the number of voting members included in line 1a, above, who are independent • • • • • • • • • 1b 7	.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
3	any other officer, director, trustee, or key employee?	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? • • • • • • • • • • • • • • • • • • •	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ••••••	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	}		
h		7a		<u> X</u>
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • • • • • • • • • • • • • • • • • • •	7b		<u> </u>
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body? • • • • • • • • • • • • • • • • • • •			
b	Each committee with authority to act on behalf of the governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b		X
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O • • • • • • • • • • • • • • • • • •			
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		<u>X</u>
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the internal Revenue Code)			
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	10a	Yes	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	TUA		X
-	affiliates, and branches to ensure their operations are consistent with those of the organization? • • • • • • • • • • • • • • • • • • •	106	i	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	10b		
	f0	110		v
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		X
I2a	Does the organization have a written conflict of interest policy? If "No," go to line 13 • • • • • • • • • • • • • • • • • •	12a		v
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		X
_	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	-	
		12c	l l	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	1	
а	The organization's CEO, Executive Director, or top management official	15a	Ì	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		\dashv	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a favorable and the second secon	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		}	
		16b	İ	
Sec	tion C. Disclosure			-
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			

State the name, physical address, and telephone number of the person who possesses the books and records of the

800 BELFORD AVENUE GRAND JUNCTION, CO 81501

organization ► SAMUEL J BALDWIN (970)241-1040

Form 990 (2010	orm.	990	(2010)	ł
----------------	------	-----	--------	---

COMACT HOUSING CORPORATION

84-0611095

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Posi I t d n r i d u r i s e v t c i e t d e o u r a o I r	I t n r s u t s i t e u e	0++-0	K	H c e I o m p I o s n p I o s n e e o y t s e e d	F or m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) PATSY ARGUELLO										
EXECUTIVE DIRECTOR	5.00	X						6,000	0	
(2) DARCY AUSTIN-SETTLES SECRETARY				X				o	0	
(3) DON MACKENDRICK CHAIRMAN/BOARD				Х				0	0	V <u>-</u> 11
(4) SAMUEL J BALDWIN VICE-PRESIDENT TREASURER				X				0		
(5)				^						
(6)										4'
(7)									<u>.</u>	
(8)										
(9)										
(10)										
(11)					:					
(12)										<u></u>
(13)										· ·
(14)										
(15)										
(16)							'			

Pa	t VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	ghes	t Con	npen	sated Employees			
	(A)	(B)	1		(C)			(D)	(E)		(F)
	Name and Title	Average hours per week (describe hours for related organizations in Schedule	ltd nri dur se vtc	l t n r s u t s i t	0 1 - 0 0	all the	at apply! H c e g mp h p o s n e t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatron from related organizations (W-2/1099-MISC)	con	stimated mount of other npensation from the ganization d related janizations
(17)			 -	<u> </u>		<u>-</u> -						
(18)			<u></u>			-						
(19)			 		 	 						
(20)					 							
(21)				 	 							
(22)											-	
(23)			 									
(24)			 	 	 	<u></u>						
(25)			¦ ¦	-	 :	<u> </u> 	 				 	
(26)			ļ ļ	-	-		 					
(27)											<u> </u>	
(28)			!	 	 !	:						
1b	Sub-total · · · · · · · · · · · · · · · · · · ·	• • • • •	• • •	<u> </u>			• • •	>				
С	Total from continuation sheets to Part VII, Section	Α						•				
d	Total (add lines 1b and 1c)	• • • • •	• • •	• •	• •	• •	• • •	▶	6,000	0		0
2	Total number of individuals (including but not limited to reportable compensation from the organization	o those liste	d abov	/e) v	vho	rece	ived m	ore	than \$100,000 in	0		
3	Did the organization list any former officer, director or	trustoo ko	, omni	01/0/	0.01	hial	nost or	omne	ancatod			Yes No
J	employee on line 1a? If "Yes," complete Schedule J for	-				_					3	x
4	For any individual listed on line 1a, is the sum of report											
	the organization and related organizations greater tha individual					plete	Sche	dule	J for such		4	l l
5	Did any person listed on line 1a receive or accrue con					ated	organ	ızatı	on or individual			X
	for services rendered to the organization? If "Yes," co			-			_		• • • • • • •	• • • • • • • •	5	Х
	tion B. Independent Contractors											
1	Complete this table for your five highest compensated compensation from the organization	i independer	at con	ract	ors	inat	receiv	ea m	iere than \$100,000	OT		_
	(A) Name and business address								(B) Description of se	ervices		(C) ensation
												
2	Total number of independent contractors (including bu	hatimil ton t	to the	se l	ısted	d abo	ove) w	ho re	eceived			
	more than \$100,000 in compensation from the organiz						-, -,					

Part '	/	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns • • • • • • 1a					
_	b	Membership dues • • • • • • • 1b			İ		
Contri- butions,	С	Fundraising events • • • • • • • • 1c					
grifts,	d	Related organizations • • • • • • 1d					
grants	е	Government grants (contributions) • • 1e					
and other smilar	f	All other contributions, gifts, grants, and similar amounts not included above					
amounts	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f · · · · · · · · · · · · · · · · · · ·					
			Business Code				
	2a	INTEREST-MORTGAGES	531390	56,155	56,155		
	b	TEMP RENT LOW-INCOME HO	531390	2,451	2,451		
Program	С	W			-,		
Service Revenue	d						
	е						
	f	All other program service revenue • • • • • •					
	I	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·		58,606			
		Investment income (including dividends, interest other similar amounts)	, and	2,400			2,400
	4	Income from investment of tax-exempt bond pro	ceeds · · · ▶				
	5	Royalties	• • • • • • •				
	b	Gross Rents • • • • • • • • • • • • • • • • • • •	(ii) Personal				
	d	Net rental income or (loss) • • • • • • • • •	• • • • • •				
	7a	Gross amount from sales of assets other than inventory	(ii) Other 140,903				
O t h	С	Less cost or other basis and sales expenses · · · · Gain or (loss) · · · · · · · · · · · · · · · · · ·	171,764) (30,861) (30,861		
e		Gross income from fundraising		(30,861	(30,861)	
e r R e v e n	ь	events (not including \$ of contributions reported on line 1c) See Part IV, line 18 • • • • • • • • a Less direct expenses • • • • • • b Net income or (loss) from fundraising events •					
u e	1	Gross income from gaming activities					
		See Part IV, line 19 • • • • • • • • a					
	1	Less direct expenses • • • • • • • • • • b Net income or (loss) from gaming activities • •		·			
	i						
		Gross sales of inventory, less returns and allowances • • • • • • • • • • • • • • • • • • •					
	!	Less cost of goods sold • • • • • • • b		}			
	- c	Net income or (loss) from sales of inventory • •	T				
	110	Miscellaneous Revenue	Business Code				
	11a						
	b						
	C	All other revenues a second				· · · · · · · · · · · · · · · · · · ·	
	1	All other revenue					<u> </u>
	;	Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · ·	5	20 145	27,745		2,400
	112	Total revenue. See instructions • • • • • • •	· · · · · · •	30,145	21,143	•	7 2,400

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must complete column	(A) but are not require	d to complete columns	s (B), (C), and (D)	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22 • • • • • • • • • • •				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 • • • • • • • • •				
4	Benefits paid to or for members • • • • • • • • • •				
5	Compensation of current officers, directors,				
•	trustees, and key employees • • • • • • • • •	6,000	4,800	1,200	
6	Compensation not included above, to disqualified	3,000			
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) • • • • •				
7	Other salaries and wages ••••••••				
8	Pension plan contributions (include section 401(k)				
J	and section 403(b) employer contributions) • • • • • •				
9	Other employee benefits • • • • • • • • • • • • • • • • • • •				
10	Payroll taxes • • • • • • • • • • • • • • • • • • •				· <u> </u>
11	Fees for services (non-employees)				<u> </u>
	Management • • • • • • • • • • • • • • • • • • •				
a	Legal • • • • • • • • • • • • • • • • • • •	1,181	1,181		
b	Accounting	835	835		
c C	Lobbying	633			
d	, -				
e	Professional fundraising services See Part IV, line 17 •				·-···
f	Investment management fees • • • • • • • • • • • • • • • • • •				
g 10	<u>+</u>	00	00		······································
12	Advertising and promotion • • • • • • • • • • • • • • • • • • •	90	90		
13	<u> </u>	1,030	1,030		
14	Information technology • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·
15	· ·				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	<u>-</u>				
18	Payments of travel or entertainment expenses				
	for any federal, state. or local public officials			501	
19	Conferences, conventions, and meetings · · · · · · · Interest · · · · · · · · · · · · · · · · · · ·	591		591	
20	<u> </u>				
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization • • • • • •	0.63	0.67		
23	Insurance	867	867		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If	Į			
	line 24f amount exceeds 10% of line 25, column	-	-	# !	
	(A) amount, list line 24f expenses on Schedule O)	2 276	2 276		
а	MAINTENANCE & REPAIR	2,876	2,876		
b	POSTAGE	84	84		
C	PAYMENT COLLECTION FEES	473	473		
d	UTILITIES	471	471		
e	BANK CHARGES	24	24		
f	All other expenses	11.77	10.731	1 701	
25	Total functional expenses. Add lines 1 through 24f • •	14,522	12,731	1,791	0
26	Joint Costs. Check here ▶				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				Form 000 (2010)

	990 (20			84-061109	Page 1
<u>Part</u>	X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
1	1	Cash - non-interest-bearing	23,082	1	287,822
Ì	2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •	301,455	2	303,779
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
ĺ	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L • • • • • • • • • • • • • • • • • •		5	
	6	Receivables from other disqualified persons (as defined under section			-
,		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
A S		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instructions)		6	
e t	7	Notes and loans receivable, net	1,192,515	7	1,112,679
s	8	Inventories for sale or use		8	<u> </u>
	9	Prepaid expenses and deferred charges •••••••••••••••••••••••		9	
- {	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D • • • • • 10a			
	ь	Less accumulated depreciation • • • • • • • • • • • • • • • • • • •		10c	
	11	Investments - publicly traded securities • • • • • • • • • • • • • • • • • • •	····	11	
Ì	12	Investments - other securities See Part IV, line 11 • • • • • • • • • • • • • • • • • •		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · ·		13	
ŀ	14	Intangible assets • • • • • • • • • • • • • • • • • • •		14	-, -,-
	15	Other assets See Part IV, line 11 • • • • • • • • • • • • • • • • • •	186,160	15	14,555
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,703,212	16	1,718,835
	17	Accounts payable and accrued expenses • • • • • • • • • • • • • • • • • •	2,800	17	2,800
	18	Grants payable • • • • • • • • • • • • • • • • • • •	-1	18	
	19	Deferred revenue		19	····-
i	20	Tax-exempt bond liabilities • • • • • • • • • • • • • • • • • • •		20	·· · · · · · · · · · · · · · · · · · ·
a	21	Escrow or custodial account liability Complete Part IV of Schedule D • • • • • • •		21	
	22	Payables to current and former officers, directors, trustees, key			
		employees, highest compensated employees, and disqualified			
.		persons Complete Part II of Schedule L		22	
i]	23	Secured mortgages and notes payable to unrelated third parties • • • • • • • • • • • • • • • • • • •		23	···
e s	24	Unsecured notes and loans payable to unrelated third parties • • • • • • • • • • • • • • • • • • •		24	
•	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,800	26	2,800
		Organizations that follow SFAS 117, check here▶ X and			
F		complete lines 27 through 29, and lines 33 and 34.			
u n	27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •	1,700,412	27	1,716,035
d	28	Temporarily restricted net assets • • • • • • • • • • • • • • • • • • •		28	
	29	Permanently restricted net assets • • • • • • • • • • • • • • • • • • •		29	
B a		Organizations that do not follow SFAS 117, check here ▶			
1		and complete lines 30 through 34.			
a n	30	Capital stock or trust principal, or current funds • • • • • • • • • • • • • • • • • • •		30	
c	31	Paid-in or capital surplus, or land, building, or equipment fund ••••••••	- .	31	
е	32	Retained earnings, endowment, accumulated income, or other funds • • • • • • •	·	32	
S	33	Total net assets or fund balances • • • • • • • • • • • • • • • • • • •	1,700,412	33	1,716,035
ł					

O)
١

COMACT HOUSING CORPORATION

84-0611095

Page 12

Pai	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		• • •	•
1	Total revenue (must equal Part VIII, column (A), line 12) • • • • • • • • • • • • • • • • • • •		30,	145
2	Total expenses (must equal Part IX, column (A), line 25)		14,	522
3	Revenue less expenses Subtract line 2 from line 1 • • • • • • • • • • • • • • • • • •		15,	623
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,7	00,4	112
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
_	column (B)) • • • • • • • • • • • • • • • • • •	1,7	16,0)35
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			<u>-</u>
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	i i		
	Schedule O			İ _
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• 2a	-	X
þ	Were the organization's financial statements audited by an independent accountant?	• 2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? • • • • • • • • • • • • • • • • • • •	• 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			l
	issued on a separate basis, consolidated basis, or both			l
	Separate basis Consolidated basis Both consolidated and separate basis			1 !
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	• 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	• 3b		
	EEA	Form !	990 (2010)

SCHEDULE D. (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization Employer identification number COMACT HOUSING CORPORATION 84-0611095 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year • • • • • • • • • • • 1 Aggregate contributions to (during year) • • • • • 3 Aggregate grants from (during year) • • • • • • Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) • • • • • • • • • • • • 2c Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year \triangleright Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Sched	ule D (Form 990) 2010 COMACT HOUSING COR	RPORATION			84-06110	95	Page 2
Par	t III Organizations Maintaining Col	llections of Art,	Historical T	reasures, or Ot	her Similar Ass	ets (conti	
3	Using the organization's acquisition, accession, and	d other records, chec	k any of the foll	owing that are a sigi	nificant use of its		<u>-</u>
	collection items (check all that apply)						
а	Public exhibition	d 🗌 Loan or e	exchange progra	ams			
b	Scholarly research	e Other					
С	Preservation for future generations						
4	Provide a description of the organization's collection	ns and explain how ti	hey further the d	organization's exemp	ot purpose in		
	Part XIV	·	,				
5	During the year, did the organization solicit or receive	ve donations of art, h	nistorical treasur	es, or other similar			
	assets to be sold to raise funds rather than to be mi					• Tyes	No
Par	t IV Escrow and Custodial Arrange	ements. Complete	e if organization	answered "Yes" to	Form 990,		
	Part IV, line 9, or reported an amount on	Form 990, Part X, I	ne 21		•		
1a	Is the organization an agent, trustee, custodian or o	other intermediary for	contributions o	r other assets not			
	ıncluded on Form 990, Part X? • • • • • • •	• • • • • • • • • •	• • • • • • •			• Yes	No
b	If "Yes," explain the arrangement in Part XIV and co	omplete the following	table				
					Amo	unt	
C	Beginning balance • • • • • • • • • • • • • • •				;		
d	Additions during the year ••••••••	• • • • • • • • • •		10	1		
е	Distributions during the year • • • • • • • •	• • • • • • • • •		16	,		
f	Ending balance • • • • • • • • • • • • • • • • •	• • • • • • • • • •		11			
2a	Did the organization include an amount on Form 99	0, Part X, line 21?			• • • • • • • • •	• Yes	No
b	If "Yes," explain the arrangement in Part XIV						
Par	t V Endowment Funds. Complete if the	e organization answe	ered "Yes" to Fo	rm 990, Part IV, line	10		-
		a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance					· · · · · · · · ·	
b	Contributions						
C	Net investment earnings, gains, and losses •						,
d	Grants or scholarships • • • • • • • • •						
е	Other expenditures for facilities				×		* ,
	and programs • • • • • • • • • • • • • • • • • • •						*
f	Administrative expenses • • • • • • • •						
g	End of year balance						
2	Provide the estimated percentage of the year end b	alance held as					
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ %						
С	Term endowment ▶ %						
3a	Are there endowment funds not in the possession of	of the organization the	at are held and	administered for the			
	organization by					Ye	s No
	(i) unrelated organizations • • • • • • • • • • •	• • • • • • • • • •	• • • • • • •	• • • • • • • • •	• • • • • • • • •	3a(i)	T
	(ii) related organizations • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • •	• • • • • • • • •	• • • • • • • • •	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed	as required on Sche	edule R? • • •	• • • • • • • • •	• • • • • • • • •	3b	
4	Describe in Part XIV the intended uses of the organ	ization's endowment	funds				
Par	t VI Land, Buildings, and Equipme	nt. See Form 990,	Part X, line 10		•		
	Description of investment	(a) Cost or other basi	s (b) Cos	t or other (c)	Accumulated	(d) Book valu	ue
		(investment)			epreciation		
1a	Land • • • • • • • • • • • • • • • • • • •	•					
b	Buildings	•					
C	Leasehold improvements • • • • • • • • • • • •	•					
đ	Equipment • • • • • • • • • • • • • • • • • • •	•					
e	Other • • • • • • • • • • • • • • • • • • •	•					
Total	Add lines 1a through 1e. (Column (d) must equal F	Form 000 Part V col	lump (R) line 10)(c) \	. l		

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market or	
(1) Financial	derivatives • • • • • • • • • • • • • • • • • • •			
	eld equity interests ••••••••••	•		
(3) Other				
(A)	·			
_(B)				
(C)				
_(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				<u> </u>
	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1)				
(2)				<u> </u>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		<u> </u>		
(9)				
(10)		-		
	(b) must equal Form 990, Part X, col (B) line 13)		٠ , پـــــــــــــــــــــــــــــــــــ	*
Part IX	Other Assets. See Form 990, Part X, In			
(1) LOT	(a)	Description		(b) Book value 14,555
(2)				14,555
(3)				
(4)				
(5)	-			
(6)				
(7)				
(8)			· · · · · · · · · · · · · · · · · · ·	
(9)				
(10)	 			
	nn (b) must equal Form 990, Part X, col (B) line	15)	• • • • • • • • • • • • •	14,555
Part X	Other Liabilities. See Form 990, Part X,			
1.	(a) Description of liability	(b) Amount		
	Income taxes	(b) Amount	-	`
(2)				
(3)			7	
(4)	-		-	
(5)			-	
(6)			-	
(7)				
(8)			1	
(9)			7	
(10)			7	
(11)			7	
	b) must equal Form 990, Part X, col (B) line 25)		┦	
	SC 740) Footnote In Part XIV. provide the text of	f the footnote to the organization	's financial statements that reports the	

Sched	ule D (Form 990) 2010 COMACT HOUSING CORPORATION	84-0611095	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	5	
6	Investment expenses • • • • • • • • • • • • • • • • • •	6	
7	Prior period adjustments	7	<u> </u>
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8 • • • • • • • • • • • • • • • • • •	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements • • • • • • • • • • • • • • • • • • •	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments ••••••••••••••••••••••••••••••••••••		
b	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •		
С	Recoveries of prior year grants • • • • • • • • • • • • • • • • • • •		
d	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • •		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b • • • • • • • • • • • • • • • • • •	_	
Ь	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • •	_	
С _	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	-
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	·	
1	Total expenses and losses per audited financial statements • • • • • • • • • • • • • • • • • • •	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •		
b		-	
ت	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • •	-	
đ e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
1	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
a	Investment expenses not included on Form 990, Part VIII, line 7b • • • • • • • • • • • • • • • • • •		
b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • •	-	
c	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
$\overline{}$	rt XIV Supplemental Information	1 - 1	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	b	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	part to provide any additional information		
		·····	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Inspection

2010

Open to Public

Name of the organization Employer identification number COMACT HOUSING CORPORATION 84-0611095 01. Committee meeting documentation (Part VI, line 8b) THERE ARE NO SPECIAL COMMITTEES ESTABLISHED. THE GOVERNING BOARD MAKES ALL DECISIONS FOR THE NON-PROFIT. 02. Form 990 governing body review (Part VI, line 11) A COPY OF THE FORM 990 WAS PRESENTED TO THE BOARD FOR THEIR APPROVAL BEFORE SIGNING AND FILING THE FORM. 03. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS AND RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST